Designated Doctor

First Informal Rule Proposal to Chapters 133 and 134

September 8, 2022

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Please send written comments on

Chapters 133 and 134

informal proposals by

5:00 p.m. Friday, September 23, 2022

RuleComments@tdi.texas.gov

Goals for program improvement

- Increase physician participation.
- Maintain doctor of chiropractic participation.
- Decrease administrative burden for participation in the program.

Goals of changes to billing and reimbursement

- Increase certainty of payment.
- Decrease complexity of billing.
- Ensure fees better reflect the effort required by designated doctors.
- Update reimbursement for services.

Increase certainty of payment

- Use a new exam assignment number to better identify bills for designated doctor and referral exams.
- Revise bill submission date for "dates of service" when additional testing or referral is needed.

New exam assignment number

- Assignment number to be used in the "prior authorization" field on the CMS-1500 by designated doctors and referral and testing doctors.
- Assignment number must be used on all types of billing:
 - o professional;
 - pharmacy;
 - o dental; or
 - inpatient and hospital facilities.
- Designated doctor must provide the assignment number to testing and referral providers.

Allowing date range for designated doctor exam "dates of service"

 The 95-day period for timely submission of the designated doctor bill begins on the date of service of the additional testing or evaluation.

FROM	то
March 11, 2022	April 27, 2022

Clarification of Medicare polices for payment

- Inserted language from Section 134.203 to clarify the applicability of correct coding and application of Medicare policies for payment.
- System participants must apply Medicare payment policies in effect on the date a service is provided.

Decrease complexity of billing

- Reorganized and clarified rule requirements by doctor type.
- Reduced number of billing modifiers.
- Eliminated tiered reimbursement designated doctor and required medical exams with multiple issues.
- Created one billing method and reimbursement rate for impairment rating.
- Discontinued billing and fee for maximum medical improvement and impairment rating referring doctors incorporating results of testing.

Reorganization of rule requirements

- Designated doctors, required medical examination doctors, and maximum medical improvement and impairment rating certified doctors have their specific billing requirements in their own section.
- Section 134.235 "Return to work and evaluation of care" is now billing requirements for "RME exams."
- Section 134.239 clarifies that work status reports may not be billed or reimbursed separately when completed as a component of a required exam.

Reduced number of billing modifiers

- Discontinues modifiers: RE, SP, TC, V1, V2, WP.
- Corrects the CPT code reference for the MI modifier.
- Updates reference to modifiers V3, V4, and V5, by tying them to the CPT code description.
- Modifiers are defined in section 134.210 only, definitions not repeated in each section.
- Adds one new modifier, 25, used for physician designated doctor exams of injured employees with complex injuries.

Eliminated decreased reimbursement for designated doctor and required medical exams

- Current rule requires that extent of injury, disability, return to work, and other similar issues be reimbursed at a lower rate if they are performed concurrently in the same exam:
 - first issue billed at 100% of the fee;
 - second issue billed at 50% of the fee, and
 - third issue must be billed at 25% of the fee.
- Proposed rule eliminates this tiered reimbursement.

One billing method and reimbursement rate for impairment rating

- Current DWC rule Section 134.250 (4)(C) allows billing and reimbursement for:
 - o use of the diagnosis related estimates (DRE) method; and
 - full physical evaluation, with range of motion.
- Proposed rule provides for one way of billing and the same reimbursement amount, regardless of which method is used.

Discontinue separate fee for incorporating testing results

- Current DWC rule Section 134.250 (4)(D) allows billing and reimbursement when a maximum medical improvement and impairment rating certified referral doctor incorporates testing results into the calculation of impairment rating.
- Proposed rule discontinues billing and separate fee.

Ensure fees better reflect the effort required of designated doctors

- New medical record review fee for designated doctors.
- New fees for physicians examining injured employees with complex injuries.

New medical record review fee for designated doctors.

- Allows designated doctors to bill for the first hour of medical record review, and three additional half-hours of medical record review.
- Designated doctor may bill for the review of medical records:
 - o regardless of whether an exam is conducted, and
 - only once for each exam ordered.
- Does not qualify for the 10% incentive payment.

New fee for physicians examining injured employees with complex injuries

- Fee available for board-certified designated doctor physicians when examining injured employees with one or more of the diagnoses listed in DWC rule section 127.130(b)(9)(B)-(I).
- Add CPT code modifier "25" only one time for each exam.
- Fee can be billed on exam code for any issue type, or for medical record review.

Increase reimbursement for services

- Update fees annually by applying an adjustment factor.
- New fee amounts will be included in a second informal rule proposal.

Update fees annually by applying an adjustment factor

- Adjust fees annually for:
 - designated doctor exams
 - o required medical exams; and
 - maximum medical improvement and impairment rating exams.
- Adjusted on January 1 of each calendar year using the annual percentage adjustment included in Section 134.203, the professional services fee schedule.
- Section 134.203 identifies the Medicare Economic Index as the annual adjustment factor.

Other conforming and clarifying changes

- Updates medical state reporting requirements to provide for the new designated doctor exam assignment number.
- Editorial and style guide updates to rule language.

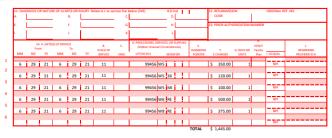
Billing Examples

Billing Examples

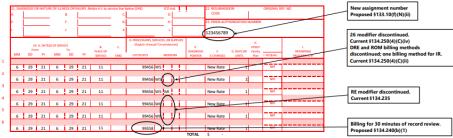
Example One

On June 11, 2021, DWC selects a designated doctor (chiropractor or physician) to examine an injured employee wil a lumbar sprain/strain for: - maximum medical improvement, - impairment rating, - extent of injury, and - return to work. The doctor takes 30 minutes to review the records, examines the injured employee on June 29, 2021, and uses the range of motion method to assess impairment rating, but has a physical therapist perform range of motion, sensor or strendth testing of the musculoskedal bods area. The obtoor does there certifications of MMI and IR.

Current



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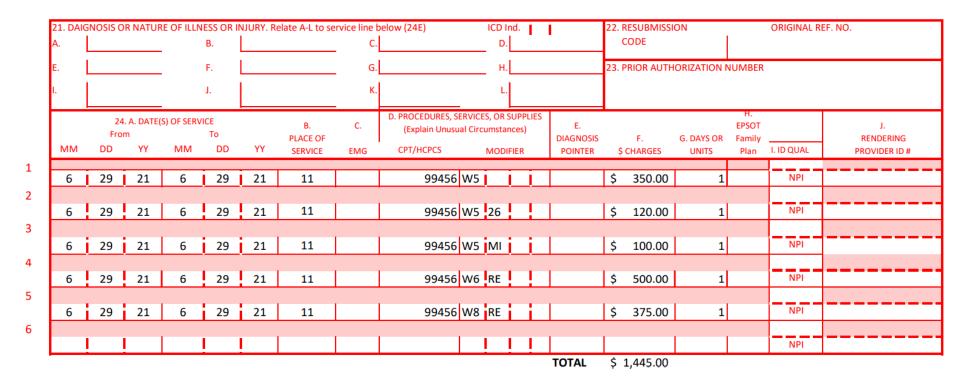
Example One

On June 11, 2021, DWC selects a designated doctor (chiropractor or physician) to examine an injured employee with a lumbar sprain/strain for:

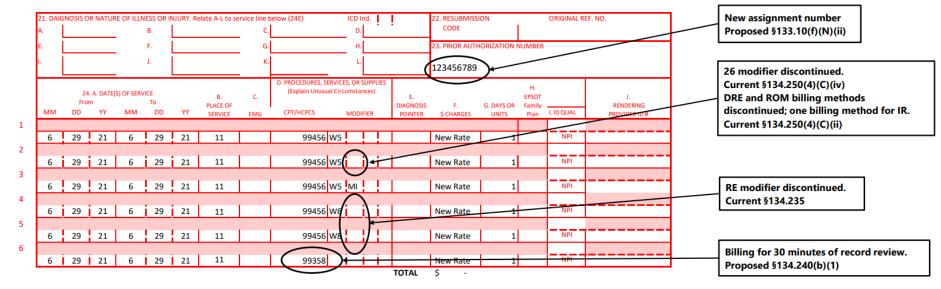
- maximum medical improvement,
- impairment rating,
- extent of injury, and
- return to work.

The doctor takes 30 minutes to review the records, examines the injured employee on June 29, 2021, and uses the range of motion method to assess impairment rating, but has a physical therapist perform range of motion, sensory, or strength testing of the musculoskeletal body areas. The doctor does three certifications of MMI and IR.

Current



Proposed



Questions?

Draft text and billing examples:

www.tdi.texas.gov/wc/rules/drafts.html

Comment period closes:

Friday, September 23, 2022, 5:00 p.m.

Send comments to:

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